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CONFIRMATION NO. 1072

<b>SERIAL NUMBER</b> 10/051,140	<b>FILING OR 371(c) DATE</b> 01/22/2002 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 47123-00073USPT
<b>APPLICANTS</b> Sakharam D. Mahurkar, Chicago, IL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/333,721 11/28/2001				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/21/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 45	<b>TOTAL CLAIMS</b> 132
				<b>INDEPENDENT CLAIMS</b> 38
<b>ADDRESS</b> 30223				
<b>TITLE</b> RETRACTABLE NEEDLE SINGLE USE SAFETY SYRINGE				
<b>FILING FEE RECEIVED</b> 2848	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	